



AGENCY OF

HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVINGDivision of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 31, 2023

Mr. David Anderson
Beekman House
Po Box 106
Proctorsville, VT 05153-0106

Dear Mr. Anderson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 31, 2023**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Disability and Aging Services

Blind and

Visually Impaired

Licensing and Protection
Rehabilitation

Vocational

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2023
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NAME OF PROVIDER OR SUPPLIER BEEKMAN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 106 PROCTORSVILLE, VT 05153
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	Initial Comments An unannounced relicensure survey was conducted by the Division of Licensing and Protection on 7/31/23. Regulatory deficiencies were identified as a result. Findings include:	T 001	f	
T 033 SS=E	<p>V.5.7.c Resident Care and Services</p> <p>5.7 Treatment Plan</p> <p>5.7.c The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to develop, for 3 of 3 Residents, a treatment plan that contained clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time table for their fulfillment or reassessment. Findings include:</p> <p>Per record review Resident # 1, # 2 and # 3 treatment plan did not include goals with a short term measurement of achievement. Per review of the treatment plan(s) the facility utilizes an Residential Care Plan called the Live Learn Leave Plan along with a CRT Individualized Care Plan. The Live Learn Leave plan identifies goals for daily needs, developing skills, and plan for future needs. The CRT Individualized Care Plan identifies treatment needs and goals to include interventions and services.</p>	T 033	<p>We will add timelines for specific goals in Live Learn Leave Plans, to be started immediately and have all LLL Plans be fully updated by 9/4/2023 covering all residents within the Beekman Program.</p> <p>Tag T033 Accepted on 8/25/23 - J. Shea, RN</p>	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>David Anderson</i>	Beekman Team Leader	8-25-23

Division of Licensing and Protection

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T 033	<p>Continued From page 1</p> <p>1. Per record review Resident #1 was admitted in January 2006 with mental illness. Resident #1 Live Learn Leave was last updated on 10/24/22, the plan does not include time schedule for the fulfillment of the goals identified on the plan. The CRT Individualized Plan was last updated on 11/12/2022, there no clear and concise short term measured goals that the resident is attempting to achieve, the plan identifies five goals to be completed "over the next year."</p> <p>2. Per record review Resident #1 was admitted in October 2019 with mental illness. Resident #2 Live Learn Leave was last updated on 1/16/22, the plan does not include time schedule for the fulfillment of the goals identified on the plan. The CRT Individualized Plan was last updated on 9/9/2022, there no clear and concise short term measured goals that the resident is attempting to achieve, the plan identifies two goals to be completed "over the next year."</p> <p>3. Per record review Resident #3 was admitted in October 2019, with mental illness. Resident #1 Live Learn Leave was last updated on 10/24/22, the plan does not include time schedule for the fulfillment of the goals identified on the plan. The CRT Individualized Plan was last updated on 6/29/2023, there no clear and concise short term measured goals that the resident is attempting to achieve, the plan identifies one goal to be completed "over the next year."</p> <p>Per interview on 7/31/23 at 3:00 PM the Manager confirmed the Live Learn Leave plans do not include a clear and realistic time schedule for fulfillment. The Manager confirmed the CRT Individualized Plans do not include short term goals, however noted the CRT plans are followed through by staff with continued identified goals on</p>	T 033		

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T 033	Continued From page 2 the Live Learn Leave plans. The manager explained CRT plans are typically updated annually, where as the Leave Learn Leave plans are updated bi-annually. The manager acknowledged the requirement of short-term goals along with realistic time schedule for their fulfillment.	T 033		
T 040 SS=E	<p>V.5.8.5 Resident Care and Services</p> <p>5.8 Medication Management</p> <p>5.8.5 Staff other than a nurse may administer PRN psychoactive medications only when the residence has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Registered Nurse failed to develop a written plan for the use of as needed (PRN) psychoactive medications for 2 out 3 residents of the applicable sample. Findings include:</p> <p>Per record review Resident #1 and Resident # 2 have an order for PRN psychoactive medications. Resident #1 has an order for Risperidone 0.5 mg, take half a tablet as needed daily, must be 4 hours from scheduled doses. Resident #2 has an</p>	T 040	<p>From this point forward nurses will create a written plan for the use of psychoactive PRN medication which describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This will be corrected by 9/11/2023.</p> <p>Tag T040 Accepted on 8/25/23 - J. Shea, RN</p>	

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T 040	<p>Continued From page 3</p> <p>order for Hydroxyzine 25 mg take 1 tablet by mouth every 6 hours for anxiety.</p> <p>Per interview on 7/31/23 at 12:45 PM, the Registered Nurse (RN) confirmed a written plan for the use of PRN psychoactive medications for Resident # 1 and Resident # 2 was not developed. The RN acknowledged the purpose of the plan to demonstrate appropriate administration of the PRN psychoactive medications by unlicensed staff, and that the plans are to identify specific behaviors the medication is intended to correct, and to include desired and undesired effects.</p>	T 040		